

**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, \_\_\_\_\_**

**Foreign/Alien Title Insurers**

**Must be attached to the tax return:**

- NE Business Page of the \_\_\_\_\_ Annual Statement
- Schedule T of the \_\_\_\_\_ Annual Statement
- Check made payable to Nebraska Dept. of Insurance

**Mail tax return and check to:**

Nebraska Department of Insurance  
941 "O" Street, Suite 400  
Lincoln, NE 68508-3639

**COMPANY INFORMATION**

<b>Nebraska Co. I.D. No.</b>	<b>Contact Person</b>
<b>NAIC No.</b>	<b>E-Mail Address</b>
<b>Federal Tax I.D. No.</b>	<b>Telephone</b>

**Company Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Organized Under the Laws of** \_\_\_\_\_

**SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY**

**State of** \_\_\_\_\_ )

\_\_\_\_\_ )ss

**County of** \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn on oath say that I am \_\_\_\_\_

of the \_\_\_\_\_ Insurance Company of the State of \_\_\_\_\_

and that the tax statement is correctly computed in accordance with the foregoing instructions.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

FOR TITLE P/C

## SECTION II - PREMIUM TAX

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
1.	Gross direct premiums received on Nebraska business	.00	.00
2.	Dividends paid or credited to policyholders	.00	.00
3.	Other deductions applicable to state of domicile (Itemize on a separate schedule)	.00	.00
4.	Net taxable premiums (Line 1 minus Line 2 and Line 3)	.00	.00
5.	Tax rate applicable		
6.	Premium tax (Multiply Line 4 by Line 5)	.00	.00
7.	*Franchise tax		.00
8.	Other tax (Include calculations on a separate schedule)	.00	.00
9.		.00	.00
10.		.00	.00
11.	<b>Total premium tax (Sum of Lines 6 through 10)</b>	.00	.00

## SECTION III - FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
12.	Renewal of Certificate of Authority	.00	.00
13.	Filing Annual Statement	.00	.00
14.	Insurance Fraud Fee	.00	.00
15.	Other fees (Itemize)	.00	.00
16.		.00	.00
17.	<b>Total fees (Sum of Lines 12 through 16)</b>	.00	.00

**\*FRANCHISE TAX – Those companies whose state of domicile imposes a franchise tax in addition to premium tax or in lieu of a premium tax, attach on a separate schedule the tax form and/or computation of the franchise tax.**

FOR TITLE P/C

## SECTION IV – SUMMARY OF TAXES AND FEES

		NEBRASKA BASIS	STATE OF DOMICILE BASIS
18.	Premium tax (Line 11)	.00	.00
19.	Fees (Line 17)	.00	.00
20.	Total taxes and fees (Line 18 plus Line 19)	.00	.00
21.	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis _____)		.00
22.	Prepayments (April 15, June 15, September 15; payments and applied credits)		.00
23.	Unapplied credit balance		.00
24.	Total prepayments and unapplied credits (Line 22 plus Line 23)		.00
25.	Balance due (If Line 21 is greater than Line 24, enter amount. Enclose payment of this amount).		.00
26.	Overpayment (If Line 24 is greater than Line 21, enter amount here)		.00
27.	Amount to be refunded		.00
28.	Amount to be credited to _____ prepayment		.00

FOR TITLE P/C

**CHECKLIST**

	<b>YES</b>	<b>NO</b>
Copy of Schedule T of ____ Annual Statement Attached?		
Copy of the Nebraska Business Page of the ____ Annual Statement Attached?		
Check payable to Nebraska Department of Insurance Attached?		
Tax Return is Signed and Notarized?		

FOR TITLE P/C